

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/779116	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		/			
2	/						52		/			
3	/						53		/			
4	/						54		/			
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37	/		/	/			87					
38	/		/	/			88					
39	/		/	/			89					
40	/		/	/			90					
41	/		/	/			91					
42	/		/	/			92					
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46	/		/	/			96					
47	/		/	/			97					
48	/		/	/			98					
49	/		/	/			99					
50	/		/	/			100					
TOTAL IND.							TOTAL IND.	1				
TOTAL DEP.							TOTAL DEP.	67		16		
TOTAL CLAIMS							TOTAL CLAIMS	68		17		

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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